U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

VO UT	
1. File Number U - 6/97	2. Fiscal Year Covered From:
	d / ib / 200004 Through: dc2/ 8d / 200004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name COO Gordon Struss	Name July Doublook ers AFL-CIO
	Labor Organization File Number COCOCO 000-052
P.O. Box, Bldg., Room No., if any Suite 270	P.O. Box, Building and Room Number, if any
Street 553 Hayward Avenue North	street 1750 New York Avenue, NW
city 000000000000000000000000000000000000	City 000000000000000000000000000000000000
State COCIE+4 25050528	State Bisschöfe at 1845-162 umbzipacode + 4 320996
5. Position in labor organization.  General  Enter appropriate data below if, during the past fiscal year, you or your spo	Vice President
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of ion represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any).	7.2. Haldre of Microsci, Manageria, of Mostrie
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
One en	
City	
State ZIP Code + 4	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompanual undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the
Signed Mondon Struss	On 9-29-05 651 501 3955  Date Telephone Number

Name of Person Filing DDD DDDDDDDDD Gordon Struss	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or ndirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name COOCCTrust Fund Advisors  Trade Name, if any:	<ul> <li>a. Labor Organization</li> <li>b. Trust</li> <li>c. Employer</li> <li>X</li> </ul>	
P.O. Box, Bldg., Room No., if any		
Street DDDD DDDD DDDDDDDDDDDDDDDDDDDDDDDD		
State 00000000 00 000000000 ZIP Code + 4 00000 15		
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	1986 1986 1986 1986 1986 1986 1986 1986	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any		
T.O. DOX, Diag., Noon To., I dily		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	02/08/04 Dinner \$60.79 02/09/04 - Dinner \$41.00	
	12.b. Amount. 4177	
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mono	ey or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	